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APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVE		<u>A</u>		ENEY DOCKET NO.	CONFIRMATION NO.	
09/762,833 TITLE OF INVENTION	01/30/2001 POLYMERIZATION	WITH LIVING CHARAC	Tam Phuong Le			1	.00519.00026	1102	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE :	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0		\$0		\$1510	03/30/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
LIPMAN, E	ERNARD	1796	525-244000		j				
1. Change of corresponde	ence address or indicatio	2. For printing on the patent front page, list Arent Fox LLP							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME A	NID DECIDENCE DATA	A TO DE DRINTED ON	<u> </u>						
						nee is id	entified below, the de	ocument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Commonwealt	h Scientific	and Industrial	ACT, Aus	tra.	Lıa				
Research Organisation Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governments Group or Categories (will not be printed on the patent):								our antity	
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	ال المحمد	individual 🖵 C	orporau	on or other private gro	oup entity was Government	
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X Issue Fee	A check is enclosed.								
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Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $01-2300$ (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								FR 1.27(g)(2).	
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Authorized Signature	Sushupta T.	Lase_					25,2010		
Typed or printed name	Registration No. 60,021								
an application. Confident submitting the completed this form and/or suggesti	tiality is governed by 35 lapplication form to the ons for reducing this buirginia 22313-1450. DO 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th O NOT SEND FEES OR	depending upon the e Chief Information COMPLETED FORM	indivi Officer IS TO	dual case. Any c t, U.S. Patent and THIS ADDRES	omment Traden SS. SENI	s on the amount of the commissioner of the commissioner	by the USPTO to process) ag gathering, preparing, and me you require to complete artiment of Commerce, P.O. for Patents, P.O. Box 1450, number.	
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